2006 Arizona LSTA Cover Sheet

1.	Applicant Organization Name:
	Mailing Address P. O. Box / Street City Zip Code
2.	Library Type: ☐ Public ☐ School ☐ Academic ☐ Special/Museum ☐ Multitype
	Does the applicant meet all the eligibility criteria for a library? (see page 2) ☐ Yes ☐ No
	If no, what criteria is the applicant missing?
3.	County in which project will be implemented:
	Project in U. S. Congressional District: (provide number or numbers between 1 and 8)
	Project in Arizona Legislative District: (provide number or numbers between 1 and 30)
4.	Project Contact Person:
	Mailing Address, if different from above P. O. Box / Street City Zip Code
	Telephone # FAX # E-mail address
5.	Project Name:
3.	Amount of Grant Funds You Are Requesting Amount: \$
	How many people will be directly served by this project in the first year?
	How did you calculate this number?
	For your library, is this project:
7.	Identify the Guidelines category for which you are applying by marking one of the boxes below.
	□ Community Focal Point □ Information Technology □ Cultural Diversity □ Strategic Partnerships □ Families and Children
3.	Identify the User Groups to be directly served by your project. (Check <u>all</u> that apply)
	Pre-Schoolers Children Vouth Adults Elderly Library Star
	☐ Institutionalized Persons ☐ Non or limited English speakers ☐ People with Special Needs